VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11667

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:

County: Garrett

City or town: Mountain Lake Park (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 weeks

Hospital, institution, or street address where death occurred: -----

How long in hospital or institution? ----

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland. County: Garrett

City or town: Oakland, Maryland. (If outside city or town limits, write RURAL and give nearest town)

Street No. ---- (If rural, give LOCATION)

2.(a) If veteran, name war ----

3. (a) FULL NAME: Josephine (Hoye) Armstrong

3. (b) Social Security Number: ------

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Divorced

6.(b) Name of husband or wife: George L. Armstrong

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 22, 1880

8. AGE:

Years	Months	Days	If less than one day
60	6	3	..... hrs. ..... min.

9. Birthplace: Sang Run; Garrett Co., Md. (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business: Own Home

FATHER
12. Name: William H. Hoye
13. Birthplace: Sang Run; Garrett Co., Md.

MOTHER
14. Maiden name: Louisa M. Stutzman
15. Birthplace: Somerset, Pa.

16. Informant: Charles Hoye

Address: Mountain Lake Park, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 26, 1940 (month) (day) (year)

Cemetery or crematory: Sang Run Cemetery

Location: Sang Run; Garrett Co., Md.

18. Funeral director: Herbert C. Leighton

Address: Oakland, Maryland.

19. 11/26/ 1940 (Date rec'd by registrar) Julia Rowan Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 25, 1940 19 ..... at 1:15 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1940, to Nov 25 1940 and that I last saw her alive on November 23 1940

Immediate cause of death: Myocarditis chronic

Due to

Due to

Other conditions: Carcinoma of breast (Include pregnancy within 3 months of death)

DURATION: Unknown

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: M. C. Hinebaugh M. D. or other

Address: Oak Park Md Date signed: Nov. 25

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DEC 6 1940
U.S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

11668

CERTIFICATE OF DEATH

Reg. Dist. No. 167

1. PLACE OF DEATH:

County: Garrett

City or town: Kempton
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): at home

Stay in this community (yrs., or mos., or days): 0

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Kempton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James Blizzard

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 9, 1940

8. AGE:

Years	Months	Days	If less than one day
0	0	0	0 hrs. 0 min.

9. Birthplace: Kempton, Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: George Blizzard
13. Birthplace: Hopewell, Grant Co, W Va

MOTHER
14. Maiden name: Nellie Simms
15. Birthplace: Shane, W Va.

16. Informant: George Blizzard
Address: Kempton, Md.

17. Bureal
(Burial, cremation, or removal. Which?)
Date thereof: Nov 11 1940
(month) (day) (year)

Cemetery or crematory: Kempton Md

Location: Garrett

18. Funeral director: Geo Blizzard acting
Address: Kempton, W Va

19. Nov 11 1940 Elmer C Shaffer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 9 1940, at 8:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 7 1940, to Nov. 9 1940, and that I last saw h ____ alive on ____ 19____.

Immediate cause of death: Never Stillborn
Asphyxia (Asphyxia)
Prematurity

Due to: Foot delivery
Foot & hand presenting over head.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: J M Brand M.D.
M. D. or other

Address: Coleton Date signed: Nov. 11

RECEIVED
DEC 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11669

Reg. Diat. No. 162

1. PLACE OF DEATH:

County: Garett

City or town: Rural near Jennings

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Ten Weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Garett

City or town: Rural Near Jennings Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Hariett Ann Blocher

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Jacob Blocher

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April II 1845

8. AGE:

Years	Months	Days	If less than one day
95	6	26	..... hrs. ..... min.

9. Birthplace: R.D.2 Grantsville Md (Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER — 12. Name: Ames Broadwater

FATHER — 13. Birthplace: W Va

MOTHER — 14. Maiden name: Sarah Sigler

MOTHER — 15. Birthplace: Md. Exact place Not Knowen

16. Informant: John Blocher

Address: R.d.2 Grantsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: NovIO I940 (month) (day) (year)

Cemetery or crematory: New Germany Cemetery

Location: New Germany Md

18. Funeral director: Allen Winterberg

Address: Grantsville Md

19. 11-9 1940 (Date rec'd by registrar) Clyde F. Border Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 7 1940, at 6:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 12 1940, to Nov 7 1940 and that I last saw h.er alive on Nov 7 1940

Immediate cause of death	DURATION
Myocarditis	4 yrs
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: N. R. Davis M.D. M. D. or other

Address: Grantsville Md Date signed: Nov 8

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

11670

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:
County: Garrett Co
City or town: Near Friendsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): All his Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Garrett
City or town: Near Friendsville Ward No. Md
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: no

3. (a) FULL NAME: Leneous Deetrick

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Martha Nickleson Deetrick
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Nov. 15-1865

8. AGE: Years 74 Months 11 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace: Md
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

FATHER
12. Name: John Deetrick
13. Birthplace: Md

MOTHER
14. Maiden name: Elizabeth Gruber
15. Birthplace: —

16. Informant: Chalmer Deetrick
Address: Friendsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 11-8-40 (month) (day) (year)
Cemetery or crematory: Sandspring
Location: Near Friendsville Md

18. Funeral director: W. W. Savage
Address: Friendsville Md

19. 11-7-1940 (Date rec'd by registrar) Ira C Rush Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 6 1940, at ? M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dead at time 19 7 Examined when 19
and that I last saw he alive on 19
Immediate cause of death: Examined in capacity Reply Med. Exam for Garrett Co. Probable Coronary Occlusion

	DURATION
Immediate cause of death	?
Due to	
Due to	
Other conditions: Prostatic Hypertrophy	?
Coronary Incontinence	2 yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: None Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: E. Irving Baumgartner MD M. D. or other
Address: Oakland Md Date signed 11/6/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 9 1940

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11671

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:
County: Garrett
City or town: Oakland. Maryland.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? About 10-years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: Albert Brison Fitzwater

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widower

6.(b) Name of husband or wife: Florence White Fitzwater
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July. 30th. 1856

8. AGE: Years	Months	Days	If less than one day
84	3	9	..... hrs. ..... min.

9. Birthplace: Garrett County
(Town, county, and state)
10. Usual occupation: Retired B.&.O. Railroad employee
11. Industry or business

FATHER
12. Name: Silas Fitzwater
13. Birthplace: Garrett County

MOTHER
14. Maiden name: Martha Lower
15. Birthplace: Garrett County

16. Informant: Mrs. Myrtle Durst
Address: Oakland. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 10th. 1940 (month) (day) (year)
Cemetery or crematory: Fred George Cemetery
Location: Nr. Swanton. Md.

18. Funeral director: Emroy D. Bolden
Address: Oakland. Md.

19. Nov. 9 1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November, 8th, 1940 at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October, 23, 1940, to Nov, 8, 1940 and that I last saw him alive on Nov, 7. 1940

Immediate cause of death	DURATION
Broncho Pneumonia	3-days
Arterio-sclerosis	
Due to	
Due to Senility	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: C. E. Mann M.D.
M. D. or other
Address: Oakland. Md. Date signed 11-11-40

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (127-a)

CERTIFICATE OF DEATH

11672

Reg. Dist. No. 172

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Kitzmiller
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 32Yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Kitzmiller Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Alph Isaac Fortney

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Bessie Johnston Fortney

6(c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Jan. 19, 1868

8. AGE: 72 Years 9 Months 27 Days If less than one day ____ hrs. ____ min.

9. Birthplace Reedsville, PrestonCo, W.Va. (Town, county, and state)

10. Usual occupation Coal Operator

11. Industry or business

FATHER
12. Name George Fortney
13. Birthplace Reedsville, W.Va.

MOTHER
14. Maiden name Esther Jane Wilson
15. Birthplace Independence, W.Va.

16. Informant W. R. Fortney
Address 38 Edgehill St., Morgantown, W.Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 9, 1940 (month) (day) (year)
Cemetery or crematory I.O.O.F. Cemetery
Location Elk Garden, W.Va.

18. Funeral director Otha F. Sharpless
Address Blaine, W.Va.

19. 11/8 (Date rec'd by registrar) 19 40 A. W. Barnick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 6 19 40, at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 6 1935, to Nov. 6 1940, and that I last saw him alive on Nov. 6 1940

Immediate cause of death Gallbladder disease with abscess formation. — DURATION 3 days

Due to

Due to

Other conditions Bronchopneumonia — DURATION 2 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE R. R. Sisson M.D.
M. D. or other
Address Kitzmiller, Md. Date signed 11-7-40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11673

Reg. Dist. No. 166

1. PLACE OF DEATH:

County: Garrett

City or town: Oakland, Maryland
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Oakland
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Archie Dennis Lewis

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 20, 1940

8. AGE: Years | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: Oakland, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Henry Clay Lewis
13. Birthplace: Oakland, Maryland

MOTHER
14. Maiden name: Hester Virginia Ward
15. Birthplace: Washington, D.C

16. Informant: Henry Clay Lewis
Address: Oakland, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 21, 1940 (month) (day) (year)

Cemetery or crematory: Lewis Cemetery

Location: Nr. Swallow Falls

18. Funeral director: Henry Clay Lewis

Address: Oakland, Md.

19. 11/20/ 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: November 20 1940 at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 20 1940 to Nov. 20 1940 and that I last saw h— alive on dead 19....

Immediate cause of death	DURATION
Spina Bifida and	
neurocoele	
Due to Imperfect Birth	
development	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A. E. Mance M.D.
M. D. or other

Address: Oakland, Md. Date signed: 11-20-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (182)

CERTIFICATE OF DEATH

11674

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Deer Park (Rural)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 Mo. 9 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Deer Park (Rural) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Route 2
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Edward Long

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 20, 1940

8. AGE:

Years	Months	Days	If less than one day
	2	9	hrs. min.

9. Birthplace Deer Park, Md. (Rural)
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER 12. Name Dennis Howard Long

13. Birthplace Kitzmiller, Md.

MOTHER 14. Maiden name Maxine Agnes Moore

15. Birthplace Hutton, Md.

16. Informant Dennis H. Long

Address Deer Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 30, 1940 (month) (day) (year)

Cemetery or crematory Oakland

Location Oakland, Md.

18. Funeral director Herbert C. Leighton

Address Oakland, Md.

19. 11/30/1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 29, 1940, at Between 3:00 & 4:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Examined after death. 19 to 19

and that I last saw h alive on 19

Immediate cause of death	DURATION
Accidental asphyxiation.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Asphyxiation Date of 11/29/

Where did injury occur Deer Park, Garrett, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury Injured at work?

23. SIGNATURE E. Irene Baumgartner M. D. or other

Address Oakland, Md. Date signed 12/2/40

RECEIVED
DEC 6 1940
BUREAU F. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11675

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Garrett Registration Dist. No. 167

Village or City Sunny side No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Effie May LUDWIG

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) MARCH 19 1919

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	21	8	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. none

10. Date deceased last worked at this occupation (month and yaar)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Kempton, (State or country) Md.

FATHER

13. NAME James Robert Ludwig

14. BIRTHPLACE (city or town) Ryo, (State or country) West Va.

MOTHER

15. MAIDEN NAME Amanda Lavina Oates

16. BIRTHPLACE (city or town) Fabious (State or country) West Va.

17. INFORMANT Lee Ludwig,
(Address) R.F.D.#2 Oakland, Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Elk Garden Md. Date Nov. 28, 1940

19. UNDERTAKER J. D. Duncan
(Address) Thomas, West Va.

20. FILED 11-27, 1940 Edna C. Shaffer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
November 25, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1940, to Nov. 25, 1940

I last saw her alive on Nov 24, 1940; death is said to have occurred on the date stated above, at 10:30 m. P. M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Apr. 1940
Other Contributory Causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. M. Brand M. D.

(Address) Coalton, W. Va.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

11676

Reg. Dist. No. 163

1. PLACE OF DEATH:
County: Garrett
City or town: Westernport (Rural)
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mos.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Garrett
City or town: Westernport (rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME: James Luther Miller

3. (b) Social Security Number: 212-03-4770

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widower
6.(b) Name of husband or wife: Anna Laura Williams Miller
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Oct. 23,

8. AGE: Years: 61 | Months: 0 | Days: 9 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Grafton, W. Va. (Town, county, and state)
10. Usual occupation: Miner
11. Industry or business: Coal Mine

FATHER
12. Name: Dave Miller
13. Birthplace: England

MOTHER
14. Maiden name: Eva Fae
15. Birthplace: England

16. Informant: Willard W. Miller
Address: Westernport, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 4 1940 (month) (day) (year)
Cemetery or crematory: Morrison's Cem.
Location: Barton (rural)

18. Funeral director: Elsworth S. Beal
Address: Westernport, Md.

19. Nov. 4 1940 (Date rec'd by registrar) Dorsey Pattison Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov. 2 1940 at 4:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to Nov 2 1940 and that I last saw h[illegible] alive on Oct 25, 1940

Immediate cause of death	DURATION
Acute Myocardial failure	
Due to Chronic Myocarditis	6-1-40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Norman Reuss M.D.
M. D. or other
Address: Westernport Date signed 11-4-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

11677

CERTIFICATE OF DEATH

Reg. Dist. No. 161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Friendsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 41 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Garrett
City or town Friendsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thos Rogers
3. (b) Social Security Number None

4. Sex M | 5. Color or race W | 6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Nellie Kline Rogers

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Aug 17 1858

8. AGE: Years 82 | Months 3 | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace Washington D.C.
(Town, county, and state)

10. Usual occupation Labor

11. Industry or business

FATHER 12. Name John Rogers
13. Birthplace V.A.

MOTHER 14. Maiden name Baldwin
15. Birthplace V.A.

16. Informant Wm. Rogers
Address Friendsville Md

17. (Burial, cremation, or removal. Which?) Date thereof 12 1 1940
(month) (day) (year)

Cemetery or crematory Friendsville
Location Friendsville Md

18. Funeral director H. H. Sawyer
Address Friendsville Md

19. 11-30-1940 (Date rec'd by registrar) Ira Rush Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 11-29 1940, at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 12 1940 to Nov 29 1940, and that I last saw h[illegible] alive on Nov. 28 1940.

	DURATION
Immediate cause of death Uremia	5 days
Due to Chronic Nephritis	Not known
Due to Arteriosclerosis	Not known
Other conditions Auricular Fibrillation	Not known

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. F. Gloyer, M.D.
M. D. or other
Address Friendsville, Md Date signed 11-30-40

RECEIVED
DEC 3 1940
BUREAU Y. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

11678

1. PLACE OF DEATH

County Garrett Registration Dist. No. 167.

Village or City Kempton No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Susan Simmons If U. S. Veteran, specify WAR

(a) Residence: No. Kempton W.Va. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 11-7-40

7. AGE: none

Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
none			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Kempton Md.

FATHER

13. NAME Charles Gaston Simmons

14. BIRTHPLACE (city or town) (State or country) Garrett Co. Md.

MOTHER

15. MAIDEN NAME Nora Irene Halterman

16. BIRTHPLACE (city or town) (State or country) Page Co. Va.

17. INFORMANT (Address) Charles G. Simmons Kempton, W.Va.

18. BURIAL, CREMATION, OR REMOVAL Place Halterman Cem. Date 11-8-, 1940

19. UNDERTAKER (Address) acting Charles G. Simmons

20. FILED 11-8-, 1940 Virginia M. Harvey, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 11 (Month) - 7 (Day) -, 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 11-7-, 1940, to 11-7-, 1940

I last saw h___ alive on ___, 19___; death is said to have occurred on the date stated above, at ___ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Still Born	

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased?

If so, specify ___

(Signed) Edward E. Collins M. D.

(Address) Kempton W.Va.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
DEC 7 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (72-d)

11679

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County: Garrett

City or town: Near Friendsville Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days): all his life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md County: Garrett

City or town: Near Friendsville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Adolphus Columbus Sines

3. (b) Social Security Number: None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Martha Sines

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): Sept 5 - 1869

8. AGE: Years: 71 Months: 2 Days: 17 If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Labor

11. Industry or business

FATHER

12. Name: Henry Sines

13. Birthplace: Md

MOTHER

14. Maiden name: Markley

15. Birthplace: Pa

16. Informant: Martha Sines

Address: Friendsville Md

17. (Burial, cr~~ematio~~ ~~or removal~~, Which?) Date thereof: 11-24-1940 (month) (day) (year)

Cemetery or crematory: Sangrein Md

Location: Sangrein

19. Funeral director: W. M. Savage

Address: Friendsville Md

19. 11-23-1940 (Date rec'd by registrar) Ira Rush Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 22 1940, at 9:30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan, 1940 19 , to date 19 , and that I last saw him alive on Nov 21 1940.

Immediate cause of death: Heart disease valvular

Prostate, hypertrophy of

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: years "

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R. D. Brown, M.D. M. D. or other

Address: Friendsville, Md Date signed: 11/23/40

RECEIVED
DEC 3 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11680

Reg. Dist. No. 161

1. PLACE OF DEATH:
County: Garret
City or town: Friendsville, Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Near Blooming Rose.
Stay in hospital or inst. (yrs., or mos., or days): 0
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garret
City or town: Friendsville, Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Elijah Sines

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Sevilla Sines
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): May 12, 1859

8. AGE: Years	Months	Days	If less than one day
81	7	0	hrs. min.

9. Birthplace: Maryland
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm work
FATHER 12. Name: William Sines
13. Birthplace: West Virginia
MOTHER 14. Maiden name: Eliza Johnson
15. Birthplace: Maryland
16. Informant: A.L. Sines
Address: Oakland, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Nov. 14-40 (month) (day) (year)
Cemetery or ~~cemetery~~ Sandspring Md
Location Near Friendsville "
18. Funeral director: H H Savage
Address Friendsville Md
19. 11-13- 1940 (Date rec'd by registrar) Ira L Rush, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 12, 1940, at 1 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1938, to November 12 1940, and that I last saw h im alive on November 12 1940.

Immediate cause of death	DURATION
Bronchopneumonia	2 wks
Due to	
Due to	
Other conditions: Gen. arterioschlerosis	30 yr
Arterioschlerotic Heart Dis.	5 yr

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Eugene Greenwood M.D. or other
Address Friendsville, Md. Date signed 11-13-4

RECEIVED
DEC 3 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

11681

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett

City or town Oakland. Md. R.D.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Infant Uphold

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Infant

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November, 25, 1940

8. AGE: Years	Months	Days	If less than one day
			hrs. min.

9. Birthplace Nr. Oakland. Garrett Co. Maryland.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Harvey F. Uphold
13. Birthplace Garrett Co. Maryland.

MOTHER
14. Maiden name Josephine I Peck
15. Birthplace Garrett Co. Maryland.

16. Informant Harvey F. Uphold

Address Oakland. Md. R.D.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Nov. 26, 1940 (month) (day) (year)

Cemetery or crematory Home Cenetery

Location

18. Funeral director Father* Harvery F. Uphold.

Address Oakland. Md.

19. 11/26/1940 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November, 25, 1940, at 12-25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November, 25, 1940 to November, 25, 1940 and that I last saw h. alive on Dead 1940

Immediate cause of death	DURATION
Due to Twisted Cord	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. C. Hinebaugh M. D. or other

Address Oakland. Md. Date signed 11-26-1940

RECEIVED
DEC 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (33-a)

CERTIFICATE OF DEATH

11682

Reg. Dist. No. 170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Garett

City or town: R.D.I.Lonaconing Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Garett

City or town: R.D.I.Lonaconing Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Dale Fredrick Willhelm

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 3I I940

8. AGE: Years | Months: 3 | Days: I9 | If less than one day: ..... hrs. ..... min.

9. Birthplace: R.D.I.Lonaconing Md. Garett
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: Lenard Willhelm
13. Birthplace: R.D.I.Lonaconing Md

MOTHER
14. Maiden name: Mary Jane Crowe
15. Birthplace: New Germany. Garett. Co Md

16. Informant: Lenard Willhelm
Address: R.D.I.Lonaconing Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Nov. 2I I940 (month) (day) (year)

Cemetery or crematory: Mount Zion

Location: 7 Mile East Of Grantsville on Route 40

18. Funeral director: Wm A Winebrenner

Address: Grantsville Md

19. November 21 1940 (Date rec'd by registrar) Geo B. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Nov 19 1940, at 12:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 15 1940, to Nov 19 1940 and that I last saw him alive on Nov 19 1940

Immediate cause of death	DURATION
Broncho-pneumonia	5 days
Due to Influenza	7 days
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: W. R. Davis M.D.
M. D. or other

Address: Grantsville, Md. Date signed Nov 21

RECEIVED
DEC 3 1940
BUREAU U. S.